

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 164
Registered No. 6330

1. PLACE OF BIRTH

County Graham State ARIZONA
Township Cafford or Village _____
City Cafford No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____ (If child is not yet named, make supplemental report, as directed)

3. Sex Male If plural births { 4. Twin, triplets, or other single Premature yes 7. Is mother yes 8. Date of birth 10-28, 1936
5. Number, in order of birth 1 Full term yes married yes (Month, day, year)

9. Full name James E. Wanner FATHER 18. Full maiden name Charles MOTHER

10. Residence (usual place of abode) Cafford, Ariz 19. Residence (usual place of abode) Cafford, Ariz
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 42 (Years) 20. Color or race W. 21. Age at last birthday 40 (Years)

13. Birthplace (city or place) Tex 22. Birthplace (city or place) N.M.
(State or Country) (State or Country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Amicus</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work _____ 19____		25. Date (month and year) last engaged in this work _____ 19____
	17. Total time (years) spent in this work <u>3</u>		26. Total time (years) spent in this work _____

27. Number of children of this mother 3
(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn _____

28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 12 A. m. on the date above stated
(Born alive or midwife)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. M. Mallory M. D.

Given name added from a supplemental report _____ or _____ Midwife

Address Cafford, Ariz
Filed December 9, 1936
J. M. Mallory Registrar.